

WNRJ WEEKLY MAINTENANCE LOG

FOR WEEK OF: 6-7-93

	Normal	Remarks
EBS Received	X	
EBS Transmitted	X	
Modulation	X	
Main Carrier	X	
Tower Lights	X	
Phase Monitor	X	

MONITOR POINTS	FCC LIMIT	MEASURED VALUE
1	8.5	8.4
2	2.6	2.6
3	2.9	2.9
4	3.0	3.0
5	5.2	5.2

Mark Litten
CHIEF OPERATOR

6-13-93
DATE

REMARKS:

WNRJ WEEKLY MAINTANENCE LOG

FOR WEEK OF: 6-14-93

	<u>Normal</u>	<u>Remarks</u>
EBS Received	X	
EBS Transmitted	X	
Modulation	X	
Main Carrier	X	
Tower Lights	X	
Phase Monitor	X	

<u>MONITOR POINTS</u>	<u>FCC LIMIT</u>	<u>MEASURED VALUE</u>
1	8.5	8.4
2	2.6	2.6
3	2.9	2.9
4	3.0	3.0
5	5.2	5.1

Mark Sutton
CHIEF OPERATOR

6-20-93
DATE

REMARKS:

WNRJ WEEKLY MAINTANENCE LOG

FOR WEEK OF:

6-21-93

	<u>Normal</u>	<u>Remarks</u>
EBS Received	X	
EBS Transmitted	X	
Modulation	X	
Main Carrier	X	
Tower Lights	X	
Phase Monitor	X	

<u>MONITOR POINTS</u>	<u>FCC LIMIT</u>	<u>MEASURED VALUE</u>
1	8.5	8.4
2	2.6	2.6
3	2.9	2.9
4	3.0	3.0
5	5.2	5.2

Mark Lutton
CHIEF OPERATOR

6-27-93
DATE

REMARKS:

EXHIBIT 7

NWHT WEEKLY MAINTAINENCE LOG

FOR WEEK OF: 3-29-93

	<u>Normal</u>	<u>Remarks</u>
EBS Received	X	
EBS Transmitted	X	
Remote Meter Calibrations	X	
Modulation	X	Lowered mod level *
Main Carrier Frequency	X	
Carrier Alarms	X	
T-1 Faults	X	
Aux. Transmitter	X	
Generator	X	
Tower Lights	X	

Mark Litten
CHIEF OPERATOR

4-4-93
DATE

REMARKS:

* Put in Mod Sciences CP803
Composite cliper & checked
modulation level with TET 744
m... from

EXHIBIT 8

LAW OFFICES

HALEY, BADER & POTTS

SUITE 600

2000 M STREET, N.W.

WASHINGTON, D.C. 20036-3974

(202) 331-0606

TELECOPIER (202) 296-8679

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 WILLIAM J. BYRNES
 JOHN CHOLER
 JAMES E. DUNSTAN
 JOHN WELLS KING
 THEODORE D. KRAMER
 BENJAMIN J. LANBLOTTE
 MARY A. MCNESTYOLDS
 DAVID G. O'NEIL
 JOHN M. PELETY

KENNETH A. COX
 MARY PRICH TAYLOR
 COUNSEL

0749-102-61

WILLIAM J. POTTS, JR.
 RICHARD M. RISEL
 SUSAN H. ROSENBAU
 DAWN M. SCIARRINO (NY)
 LEE W. SHUBERT
 HENRY A. SOLOMON
 RICHARD E. STODOL
 JAMES M. TOWANVICKY
 KATHLEEN VICTORY
 MELODIE A. VIRTUE

LARRY D. SUMMERVILLE
 REGISTRATION ANALYST

ANDREW G. HALEY
 (1904-1986)

June 3, 1991

M.M. Group, Inc.
 ANNUAL EMPLOYMENT REPORTS 1991
 FCC Forms 395-B

Ms. Donna R. Searcy, Secretary
 Federal Communications Commission
 Washington, D.C. 20554

Dear Ms. Searcy:

Transmitted herewith in duplicate, on behalf of M.M. Group, Inc., are the 1991 Annual Employment Reports (FCC Forms 395-B) for:

WCSJ (AM)	Morris, IL
WCFL (FM)	Morris, IL
WNRJ (AM)	Circleville, OH
WTLT (FM)	Circleville, OH
WQTL (FM)	Ottawa, OH

If there are any questions concerning this matter, kindly communicate directly with this office.

Very truly yours,

Lee W. Shubert

Enclosures (3)

LDS/lbs

Communications Commission
Washington, D.C. 20554

**BROADCAST STATION
ANNUAL EMPLOYMENT REPORT 1991**

Approved by OMB
3080-0390
Expires 8/30/93

(For FCC Use Only)

Code No.

SECTION I

A. Name of Licensee or Permittee

M.M. GROUP, INC.

B. Address

**7001 Discovery Boulevard
Dublin, OH 43017**

SECTION II

1. TYPE OF RESPONDENT (check ONLY one)

COMMERCIAL BROADCAST STATION

NONCOMMERCIAL BROADCAST STATION

HEADQUARTERS

AM ☐ AM

TV ☐ TV

ER ☐ Educational AM or FM Radio

HQ ☐

FM ☐ FM

LP ☐ Low Power TV

ET ☐ Educational TV

AF ☒ Combined AM & FM
in same area (must file
a combined report)

IN ☐ International

2. List call letters and location(s) of included stations. AM station is to be listed first in a combined report. Provide former call letters for each station if changed since last 395-B report.

CURRENT CALL LETTERS	LOCATION(S)	FORMER CALL LETTERS
WNRJ	Circleville, Ohio	WNRE
WILT (FM)	Circleville, Ohio	

SECTION III

PAY PERIOD COVERED BY THIS REPORT (DATE)

March 31, 1991

CHECK APPLICABLE BOX

☐ Fewer than five full-time employees during the selected payroll period (Complete page one only and certification statement and return to FCC)

☒ Five or more full-time employees during selected payroll period (Complete all sections of form and certification statement and return to FCC)

SECTION IV CERTIFICATION

This report must be certified, as follows: (a) By licensee, if an individual; (b) By a partner, if a partnership (general partner, or a limited partnership); (c) By an officer, if a corporation or an association; or (d) By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND IMPRISONMENT.

U.S. CODE, TITLE 18, SECTION 1001.

Certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed Mark S. Litton

Title Vice President

Print Name Mark S. Litton

Date 5/30/91 Telephone No. (614) 792-2911

ON V - EMPLOYEE DATA

PART-TIME PAID EMPLOYEE DATA		MALE					FEMALE				
CATEGORIES	TOTAL (a-d)	WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
TECHNICALS & AGERS	1	1									
PROFESSIONALS	9	5	1				3				
TECHNICIANS	2	2									
TECHNICALS	3	2					1				
TECHNICALS	4	2					2				
TECHNICALS											
TECHNICALS											
TECHNICALS											
TECHNICALS											
TECHNICALS											
TECHNICALS	17	12	1				6				

PART-TIME PAID EMPLOYEE DATA		MALE					FEMALE				
CATEGORIES	TOTAL (a-d)	WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
TECHNICALS & AGERS											
PROFESSIONALS	11	10					1				
TECHNICIANS											
TECHNICALS											
TECHNICALS											
TECHNICALS											
TECHNICALS											
TECHNICALS											
TECHNICALS											
TECHNICALS											
TECHNICALS	11	10					1				

JUL- 3-93 SAT 13:32

WWHT/WTLT

FAX NO. 6148467385

P.10

JUL- 2-93 FRI 16:57

WWHT/WTLT

FAX NO. 6148467385

P.01

Federal Communications Commission
Washington, D.C. 20554BROADCAST STATION
ANNUAL EMPLOYMENT REPORT 1991Approved by G-12
3880-0730
Expires 6/30/93

SECTION I

(For FCC Use Only)

Code No.

06950

A. Name of Licensee or Permittee M.M. GROUP, INC.	B. Address 7001 Discovery Boulevard Dublin, OH 43017
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SECTION II

A. TYPE OF RESPONDENT (check ONLY one)

COMMERCIAL BROADCAST STATION		NONCOMMERCIAL BROADCAST STATION		HEADQUARTERS
AM <input type="checkbox"/>	TV <input type="checkbox"/>	ER <input type="checkbox"/>	Educational AM or FM Radio	HC <input type="checkbox"/>
FM <input type="checkbox"/>	LP <input type="checkbox"/>	ET <input type="checkbox"/>	Educational TV	
AF <input checked="" type="checkbox"/>	Combined AM & FM in same area must file a combined report	IN <input type="checkbox"/>	International	

RECEIVED

JUN 3 - 1991

8. List call letters and location(s) of included stations. AM station is to be listed first in a combined report. List call letters for each station if changed since last 395-B report.

FEDERAL COMMUNICATIONS COMMISSION
OFFICE OF THE SECRETARY

CURRENT CALL LETTERS	LOCATION(S)	FORMER CALL LETTERS
WNRJ-FM	Circleville, Ohio	WNRE
WTLT (FM)	Circleville, Ohio	

SECTION III

A. PAY PERIOD COVERED BY THIS REPORT (DATE)

March 31, 1991

B. CHECK APPLICABLE BOX

- ☐ Fewer than five full-time employees during the selected payroll period (Complete page one only and certification statement and return to FCC)
- ☒ Five or more full-time employees during selected payroll period (Complete all sections of form and certification statement and return to FCC)

SECTION IV CERTIFICATION

This report must be certified, as follows: (a) By licensee, if an individual; (b) By a partner, if a partnership (general partner, if a limited partnership); (c) By an officer, if a corporation or an association; or (d) By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND IMPRISONMENT.

U.S. CODE, TITLE 18, SECTION 1001.

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed

Mark Ritten

Title

Vice President

JUL- 3-93 SAT 13:32

WWHT/WTLT

FAX NO. 6148467385

P. 11

JUL- 2-93 FRI 16:57

WWHT/WTLT

FAX NO. 6148467385

P. 02

TION V - EMPLOYEE DATA

FULL-TIME PAID EMPLOYEE DATA		MALE					FEMALE				
CATEGORIES	TOTAL (a-b)	WHITE NOT HISPANIC (c)	BLACK NOT HISPANIC (d)	HISPANIC (e)	ASIAN OR PACIFIC ISLANDER (f)	AMERICAN INDIAN, ALASKAN NATIVE (g)	WHITE NOT HISPANIC (h)	BLACK NOT HISPANIC (i)	HISPANIC (j)	ASIAN OR PACIFIC ISLANDER (k)	AMERICAN INDIAN, ALASKAN NATIVE (l)
OFFICIALS & MANAGERS	1	1									
PROFESSIONALS	9	5	1				3				
OFFICIANTS	2	2									
LESS WORKERS	3	2					1				
OFFICE & SERIAL	4	2					2				
RAFT WORKERS (ILLED)											
PERATIVES (EM-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	17	12	1				6				

PART-TIME PAID EMPLOYEE DATA		MALE					FEMALE				
CATEGORIES	TOTAL (a-b)	WHITE NOT HISPANIC (c)	BLACK NOT HISPANIC (d)	HISPANIC (e)	ASIAN OR PACIFIC ISLANDER (f)	AMERICAN INDIAN, ALASKAN NATIVE (g)	WHITE NOT HISPANIC (h)	BLACK NOT HISPANIC (i)	HISPANIC (j)	ASIAN OR PACIFIC ISLANDER (k)	AMERICAN INDIAN, ALASKAN NATIVE (l)

MICHAEL E. BADER
WILLIAM J. BYRNES
JOHN CRIGLER
JAMES E. DUNSTAN
JOHN WELLS KING
THEODORE D. KRAKER
BENJAMIN J. LAMBIOTTE
MARY A. McREYNOLDS
DAVID G. O'NEIL
JOHN M. PELENY

KENNETH A. COX
MARY PRICE TAYLOR
COWPER

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0749-106-61

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LEE W. SKUBERT
HENRY A. SOLOMON
RICHARD E. STRODEL
JAMES M. TOWARNICKY
KATHLEEN VICTORY
MELODIE A. VIRTUE

LARRY D. SUMMERVILLE
BUDGETARY ANALYST

ANDREW G. HALEY
(1904-1966)

June 3, 1991

WWHT (FM) Marysville, OH
ANNUAL EMPLOYMENT REPORT 1991

Federal Communications Commission
Washington, D.C. 20554BROADCAST STATION
ANNUAL EMPLOYMENT REPORT 1991Approved by OMB
5080-0380
Expires 8/30/93

(For FCC Use Only)

Code No.

SECTION I

A. Name of Licensee or Permittee RIGGS-HUTCHINSON & ASSOCIATES, INC.	B. Address 7001 Discovery Boulevard Dublin, OH 43017
--	--

SECTION II

A. TYPE OF RESPONDENT (check ONLY one)

COMMERCIAL BROADCAST STATION		NONCOMMERCIAL BROADCAST STATION		HEADQUARTERS
AM <input type="checkbox"/> AM	TV <input type="checkbox"/> TV	ER <input type="checkbox"/> Educational AM or FM Radio	HQ <input type="checkbox"/>	
FM <input checked="" type="checkbox"/> FM	LP <input type="checkbox"/> Low Power TV	ET <input type="checkbox"/> Educational TV		
AF <input type="checkbox"/> Combined AM & FM in same area (must file a combined report)	IN <input type="checkbox"/> International			

B. List call letters and location(s) of included stations. AM station is to be listed first in a combined report. Provide former call letters for each station if changed since last 395-B report.

CURRENT CALL LETTERS	LOCATION(S)	FORMER CALL LETTERS
WWHT	Marysville, Ohio	WNRJ

SECTION III

A. PAY PERIOD COVERED BY THIS REPORT (DATE)

March 31, 1991

B. CHECK APPLICABLE BOX

- ☐ Fewer than five full-time employees during the selected payroll period (Complete page one only and certification statement and return to FCC)
- ☒ Five or more full-time employees during selected payroll period (Complete all sections of form and certification statement and return to FCC)

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U.S. CODE, TITLE 18, SECTION 1001.

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed

Mark S. Litton

Title

Vice President

Print Name

Mark S. Litton

Date

5/30/91Telephone No. 614) 792-2911

SECTION V - EMPLOYEE DATA

FULL-TIME PAID EMPLOYEE DATA		MALE					FEMALE				
JOB CATEGORIES	TOTAL (a-p)	WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
OFFICIALS & MANAGERS	2	2									
PROFESSIONALS	7	7									
TECHNICIANS											
SALES WORKERS	4	1					3				
OFFICE & CLERICAL											
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	13	10					3				

PART-TIME PAID EMPLOYEE DATA		MALE					FEMALE				
JOB CATEGORIES	TOTAL	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE	WHITE (NOT HISPANIC)	BLACK (NOT HISPANIC)	HISPANIC	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN, ALASKAN NATIVE

EXHIBIT 9

Federal Communications Commission
Washington, D.C. 20554

BROADCAST STATION
ANNUAL EMPLOYMENT REPORT 1992

Approved by OMB
3000-0300
Expires 8/30/93

(For FCC Use Only)

Code No.

SECTION I

A. Name of Licensee or Permittee	B. Address
M. M. Group, Inc.	P.O. BOX 1270 Powell, Ohio 43065

SECTION II

A. TYPE OF RESPONDENT (check ONLY one)

COMMERCIAL BROADCAST STATION		NONCOMMERCIAL BROADCAST STATION		HEADQUARTERS
AM <input type="checkbox"/> AM	TV <input type="checkbox"/> TV	ER <input type="checkbox"/> Educational AM or FM Radio	HQ <input type="checkbox"/>	
FM <input type="checkbox"/> FM	LP <input type="checkbox"/> Low Power TV	ET <input type="checkbox"/> Educational TV		
AF <input checked="" type="checkbox"/> Combined AM & FM in same area (must file a combined report)	N <input type="checkbox"/> International			

B. List call letters and location(s) of included stations. AM station is to be listed first in a combined report. Provide former call letters for each station if changed since last 395-B report.

CURRENT CALL LETTERS	LOCATION(S)	FORMER CALL LETTERS
WNRJ-AM	Circleville Ohio	WNRJ
WTLT-FM	Circleville OHIO	

SECTION III

A. PAY PERIOD COVERED BY THIS REPORT (DATE)

March 31, 1992

B. CHECK APPLICABLE BOX

- ☐ Fewer than five full-time employees during the selected payroll period (Complete page one only and certification statement and return to FCC)
- ☒ Five or more full-time employees during selected payroll period (Complete all sections of form and certification statement and return to FCC)

SECTION IV CERTIFICATION

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WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND IMPRISONMENT.

U.S. CODE, TITLE 18, SECTION 1001.

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed Mark S. Litten

Title Vice President

Print Name _____

Date 5/28/92 Telephone No. (614) 846-9858

SECTION V - EMPLOYEE DATA

A. FULL-TIME PAID
EMPLOYEE DATA

JOB CATEGORIES	TOTAL (a-)	MALE					FEMALE				
		WHITE (NOT HISPANIC) (d)	BLACK (NOT HISPANIC) (e)	HISPANIC (f)	ASIAN OR PACIFIC ISLANDER (g)	AMERICAN INDIAN, ALASKAN NATIVE (h)	WHITE (NOT HISPANIC) (i)	BLACK (NOT HISPANIC) (j)	HISPANIC (k)	ASIAN OR PACIFIC ISLANDER (l)	AMERICAN INDIAN, ALASKAN NATIVE (m)
OFFICIALS & MANAGERS	1	1									
PROFESSIONALS	8	5	1				2				
TECHNICIANS	2	2									
SALES WORKERS	3	2					1				
OFFICE & CLERICAL	4	2					2				
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	18	12	1				6				

B. PART-TIME PAID
EMPLOYEE DATA

MALE

FEMALE

JUL- 3-93 SAT 14:37

WWHT/WTLT

FAX NO. 6148467385

P. 04

Federal Communications Commission
Washington, D.C. 20554

BROADCAST STATION
ANNUAL EMPLOYMENT REPORT 1992

Approved by OMB
3000-0300
Expires 8/30/93

(For FCC Use Only)

Code No.

SECTION I

A. Name of Licensee or Permittee Riggs, Hutchison, and Associates, Inc	B. Address P.O. BOX 1270 Powell, Ohio 43065
--	--

SECTION V - EMPLOYEE DATA

A. FULL-TIME PAID
EMPLOYEE DATA

JOB CATEGORIES	TOTAL (a-p)	MALE					FEMALE				
		WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
OFFICIALS & MANAGERS	1	1									
PROFESSIONALS	8	5	1				2				
TECHNICIANS	2	2									
SALES WORKERS	3	2					1				
OFFICE & CLERICAL	4	2					2				
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	18	12	1			1	6				

B. PART-TIME PAID
EMPLOYEE DATA

JOB CATEGORIES	TOTAL (a-p)	MALE					FEMALE				
		WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
OFFICIALS & MANAGERS											
PROFESSIONALS	11	10					1				
TECHNICIANS											
SALES WORKERS											
OFFICE & CLERICAL											
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	11	10					1				

EXHIBIT 10

Approved by OMB
3080-0010
Expires 6/30/92

CERTIFICATION

United States of America
Federal Communications Commission
Washington, D. C. 20554

Ownership Report

NOTE: Before filling out this form, read attached instructions

Section 310(d) of the Communications Act of 1934 requires that consent of the Commission must be obtained prior to the assignment or transfer of control of a station license or construction permit. This form may not be used to report or request an assignment of license/permit or transfer of control (except to report an assignment of license/permit or transfer of control made pursuant to prior Commission consent).

I certify that I am Vice-President

(Official title, see Instruction 1)

of M. M. Group, Inc.

(Exact legal title or name of respondent)

that I have examined this Report, that to the best of my knowledge and belief all statements in the Report are true, correct and complete.

(Date of certification must be within 60 days of the date shown in Item 1 and in no event prior to Item 1 date):

x Mark Sutton x 7-30 19 91
(Signature) (Date)

1. All of the information furnished in this Report is accurate as of

x July 30, 1991

(Date must comply with Section 73.3615(a), i.e., information must be current within 60 days of the filing of this report, when 1(a) below is checked.)

Telephone No. of respondent (include area code):

614/792-2911

Any person who willfully makes false statements on this report can be punished by fine or imprisonment. U.S. Code, Title 18, Section 1001.

This report is filed pursuant to instruction (check one)

1(a) ☒ Annual 1(b) ☐ Transfer of Control or Assignment of License 1(c) ☐ Other

for the following stations:

Name and Post Office Address of respondent:

M. M. Group, Inc
P.O. Box 1270
Powell, Ohio 43065

Call Letters	Location	Class of service
WNRJ-AM WTLT-FM	Circleville, Ohio Circleville, Ohio	AM FM

4. Name of entity, if other than licensee or permittee, for which report is filed (see Instruction 3):

Not applicable

2. Give the name of any corporation or other entity for whom a separate Report is filed due to its interest in the subject licensee (See Instruction 3):

Not Applicable

3. Show the attributable interests in any other broadcast station of the respondent. Also, show any interest of the respondent, whether or not attributable, which is 5% or more of the ownership of any other broadcast station or any newspaper or CATV entity in the same market or with overlapping signals in the same broadcast service, as described in Sections 73.3555 and 78.501 of the Commission's Rules.

See Exhibit 1

5. Respondent is:

- ☐ Sole Proprietorship
☐ For-profit corporation
☒ Not-for-profit corporation
☐ General Partnership
☐ Limited Partnership
☐ Other: _____

If a limited partnership, is certification statement included as in instruction 4?

☐ Yes ☐ No Not Applicable

and Regulations. (Only licensees, permittees, or a reporting entity with a majority interest in or the

Organization it is made	Date of Execution	Date of Expiration
		Perpetual Perpetual

use exercises de facto control over the subject licensee or permittee, shall respond.)

Number of Shares			
Authorized	Issued and Outstanding	Treasury	Unissued
500	500	0	0

16

8. List officers, directors, cognizable stockholders and partners. Use one column for each individual or entity. Attach additional pages, if necessary. See Instructions 4, 5, and 6.

Line (Read carefully - The numbered items below refer to line numbers in the following table.)

1. Name and residence of officer, director, cognizable stockholder or partner (if other than individual also show name, address and citizenship of natural person authorized to vote the stock). List officers first, then directors and, thereafter, remaining stockholders and partners.
2. Citizenship.
3. Office or directorship held.
4. Number of shares or nature of partnership interest.
5. Number of votes.
6. Percentage of votes.
7. Other existing attributable interests in any other broadcast station, including nature and size of such interest.
8. All other ownership interests of 5% or more (whether or not attributable), as well as any corporate officership or directorship, in broadcast, cable, or newspaper entities in the same market or with overlapping signals in the same broadcast service, as described in Sections 73.3555 and 73.501 of the Commission's Rules, including the nature and size of such interests and the position held.

1	(a) Robert G. Casagrande 1630 Strathshire Hall Pl. Powell, OH 43065	(b) Mark S. Litton 1990 Hamrock Drive Powell, OH 43065	(c)
2	USA	USA	
3	President/ Treasurer Director	Vice-President/ Security Director	
4	50	50	
5	50	50	
6	50%	50%	
7	See Exhibit 1	See Exhibit 1	
8	None	None	

**FCC NOTICE TO INDIVIDUALS REQUIRED BY THE PRIVACY ACT
AND THE PAPERWORK REDUCTION ACT**

The solicitation of personal information requested in this Report is authorized by the Communications Act of 1934, as amended. The principal purpose for which the information will be used is to assess compliance with the Commission's multiple ownership restrictions. The staff, consisting variously of attorneys and examiners, will use the information to determine such compliance. If all the information requested is not provided, processing may be delayed while a request is made to provide the missing information. Accordingly, every effort should be made to provide all necessary information. Your response is required to retain your authorization.

FCC Form 323

Exhibit No. 1

STATEMENT OF OTHER BROADCAST INTERESTS

Robert G. Casagrande and Mark S. Litton are the sole officers, directors and stockholders of M.M. Group, Inc. and of Clear River Communications, Inc. Messrs. Casagrande and Litton hold a 50% ownership interest in both corporations and there are no outstanding shares of stock for either corporation.

M.M. Group, Inc., is the licensee of WCJS(AM) and WCFL(FM), Morris, Illinois; WNRE and WTLT(FM), Circleville, Ohio; and WQTL(FM), Ottawa, Ohio.

Messrs. Casagrande and Litton each own 24.5% of the stock of Riggs-Hutchinson Associates, Inc., the permittee of WNRJ(FM), Marysville, Ohio, and hold options to purchase additional stock in that Company (See Settlement Agreement re File No. BPH-8712020B, approved November 16, 1989.)

Messrs. Casagrande and Litton each have subscribed to 100 non-voting shares in The Cross Channels Group, Inc., an applicant for a new FM station on Channel 233A, Englewood, Ohio (File Number ARN-890928MI). In the event that Cross Channel's application is granted, Messrs. Litton and Casagrande will each be issued non-voting stock in the Corporation such that they will each possess a one-third equity interest in the Corporation.

Clear River Communications, Inc., has pending an application for reconsideration of the dismissal of its

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application for a new FM station at St. Mary's, Ohio (File Number BPH-880505PQ).

Clear River Communications, Inc. was also an applicant for a new FM station at Ada, Ohio (File Number BPH-880616MH). That application was dismissed by the Commission upon a denial of a rule waiver request.